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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration OR Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

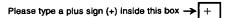
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Att rn y Docket Number		IN0964Q	
First Named Inventor		STALGIS, et al	
COMPLI	ETE II	KNOWN	
Application Number		/	
Filing Date	Dec	cember 16, 1999	
Group Art Unit	To I		
Examiner Name	То І	Be Assigned	

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
RIBAVARIN-PEGYLATED INTERFERON ALFA INDUCTION HCV								
COMBINATION THERAPY								
the specification of which (Title of the Invention)								
is attached hereto	(11111	,						
OR CITATION (AND COR			I /A		: Al	OT International		
was filed on (MM/DD/	****)	as c	nited	States Applicat	ion Number of F	PCT International		
Application Number	and wa	as amended on (MM/D	D/YY	YY)		(if applicable).		
I hereby state that I have revi amended by any amendment	ewed and understand the	contents of the above	identi	fied specification	n, including the	claims, as		
• •	•			dofined in 27 CE	D 4 50			
I acknowledge the duty to dis	close information which is i	material to patentability	y as c	Jelined In 37 CF	n 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Da	te es	Priority Not Claimed	Certified Co	ppy Attached?		
- Itamisoi(s)		,						
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Additional foreign application	on numbers are listed on a	supplemental priority	data	sheet PTO/SB/0	2B attached he	reto:		
I hereby claim the benefit un	der 35 U.S.C. 119(e) of an	y United States provis	onal	application(s) lis	ted below			
Application Number(s) Filing Date	(MM/DD/YYYY)	4					
60/112,773			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
			┸—					

[Page 1 of 2]

CEF	RTIFICATE OF MAILING	
I hereby certify that this correspondence is bei envelope addressed to: Assistant Commission	ng deposited with the United States Postal Service as ter for Patents, Washington, D.C. 20231 on this date:	first class mail in an
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REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

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Palaiyur S. Kalyanaraman	34634	Paul A. Thompson	35385
Gerald P. Keleher	43707	Joanne P. Will	35737
·	: :	Donald W. Wyatt	40879

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DECLARATION — Utility or Design Patent Application

·												***
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.	U.S. Parent Application or PCT Parent Number							iling Date D/YYYY)			nt Patent N (if applicat	
☐ Additional	U.S. or F	CT international	applicat	tion numbers a	re listed or	n a sup	plement	al priority data	sheet P	TO/SB/	02B attached h	ereto.
		ereby appoint the nnected therewit	. —	ng registered p Customer Nurr		(s) to p	rosecute	this application	on and to	transa	ct all business Place Custo	
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			<u> </u>	Registered pra	ctitioner(s tration) name	/registra			w L		stration
	Nam	В			nber			Nan	ne		Nu	mber
Additional	registered	practitioner(s) n	named o	n supplementa	l Register	ed Prac	titione <u>r</u> I	nformation sh	eet PTO	SB/020	attached here	ito.
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City	Kenil	worth		- 	1	s	tate_	NJ	ZIP	070	33-0530	
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believed to be punishable by	true; and	I statements ma d further that the nprisonment, or t issued thereon.	se state both, u	ements were n	nade with	the kn	owledge	that willful fa	alse state	ements	and the like s	o made are
Name of So	ole or F	irst invento	r:				A petiti	on has beer	filed fo	r this u	ınsigned inve	ntor
G	ven Nar	ne (first and m	iddle [it	any])			Family Name or Sumame					
CARLOS	, O.		Du	- 			STALGIS					
Inventor's Signature		Yeulne	l. Ste	m							Date	12.10.99
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Additional	invento	rs are being na	amed o	n the su	polemer	tal Ad	ditional	Inventor(s)	sheet(s	PTO/	SB/02A attac	hed hereto



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ADDITIONAL INVENTOR(S) Suppl mental She t

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Nar	me (first and middle [if any])		Family Name or Surname							
JANICE, K.					ALBRECHT					
Inventor's Signature	Janice K. al	Uree	nt					Date	1	149/99
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City	Winter Park	State	FL		ZIP	USA	Country	US	A	
Name of Addition	nal Joint Inventor, if any	y:			A petitic	on has been file	d for th	is unsigr	ned inv	entor
Given Nar	me (first and middle [if any]))		\perp		Family Nar	ne or S	Surname		
PAUL, W.					GLUE					
Inventor's Signature	pau. WB	,7_	_						te	12-9-99
Residence: City	Flemington	State	NJ	<u></u>	Country	USA		Citize	nship	NZ
Post Office Address	13 Allens Corner Ro	oad								
Post Office Address							-			
City	Flemington	State	NJ		ZIP	08822	Coun	itry	USA	
Name of Addition	nal Joint Inventor, if any	y:			A petitic	on has been file	d for th	is unsigr	ned inv	entor
Given Nar	me (first and middle [if any]))		Family Name or Surname						
Inventor's Signature			· · · · · · · · · · · · · · · · · · ·					Da	te	
Residence: City		State			Country			Citize	nship	
Post Office Address										
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